



EROSION AND SEDIMENT CONTROL PERMIT

Town of Corte Madera, Department of Public Works
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 Phone: (415) 927-5057 | Fax: (415) 927-5039

<hr style="width: 80%; margin: 0 auto;"/> PERMIT NUMBER
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APPLICATION SECTION

SITE ADDRESS		APN	
APPLICANT		CONTRACTOR	
Name		Company Name	
Street Address		Street Address	
City / State / Zip		City / State / Zip	
Phone	Cell	Contact Name	
Email		Phone	Cell
PROPERTY OWNER (if different from Applicant)		State Lic. #	Town Bus. Lic. #
Name		Phone	
DESCRIPTION OF WORK / SURFACE IMPROVEMENT			ESTIMATED SURFACE AREA IN SQUARE FT
START DATE	COMPLETION DATE		PLAN REVIEW #

Print Name of Applicant

Applicant is: Owner Agent Contractor

Signature of Applicant

Date

APPROVAL SECTION

In compliance with this application and subject to all of the terms, conditions, and restrictions written below, all applicable sections of the Corte Madera Municipal Code, and in accordance with approved plans subject to the following revisions and conditions:

- | | |
|---|--|
| <input type="checkbox"/> Erosion and Sediment Control Plan required (3 copies)
<input type="checkbox"/> All excavation is to be on owner's property.
<input type="checkbox"/> No sediment is to reach the street or adjacent property.
<input type="checkbox"/> Excavation to be covered after work hours.
<input type="checkbox"/> The Permittee shall provide for proper drainage if the work shall interfere with the established drainage pattern.
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> All erosion and sediment control provisions shall comply with the latest edition of ABAG Manual of Standards for Erosion and Sediment Control Measures.
<input type="checkbox"/> All disturbed soil shall be completely covered with erosion control measures.
<input type="checkbox"/> Security amounting to \$ _____. |
|---|--|

The **Applicant's Project Engineer** shall inspect all erosion and sediment control measures after every storm event and appropriate modifications shall be made as necessary to maintain effective erosion and sediment control at the site.

PERMIT APPROVED AND ISSUED	
By: _____	Public Works Representative
Date Issued: _____	
Permit Expiration: _____	

INSPECTION NOTES	
Inspected by: _____	Date: _____
Notes/Corrections: _____	

FINAL INSPECTION	
By: _____	Public Works Representative
Date: _____	

FEE SUMMARY	
<u>Surface Improvement</u>	
1. Less than 1,000sf (\$325)	\$ _____
2. 1,000sf to less than 5,000sf (\$550)	\$ _____
<u>Greater than 5,000sf</u>	
3. 5,000sf-10,000sf (Deposit \$1,500)**	\$ _____
4. Greater than 10,000sf (Deposit \$2,500)**	\$ _____
5. Security – Refundable – \$800 min. up to 75¢/sf for areas greater than 5,000sf	\$ _____
6. Other: _____	\$ _____
Total Fees/Deposits \$ _____	
Date: _____ Receipt # _____ Ck/MC/V # _____	
* Initial deposit amount only. Any remainder will be refunded; additional staff time will be billed per Hourly Rate Schedule. ** Enter into Cost Based Fee Agreement.	